

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014 OF THE CONDITION AND AFFAIRS OF THE

CareFirst BlueChoice, Inc.

NAIC	Group Code 0380		96202 Employer's ID	Number 52-135	8219
Organized under the Laws of	(Current) District o	(Prior) f Columbia , S	tate of Domicile or Port of En	atry <u>Dis</u>	strict of Columbia
Country of Domicile		United States of	f America		
Licensed as business type:	-	Health Maintenance	e Organization		
Is HMO Federally Qualified?	Yes[]No[X]				
Incorporated/Organized	06/22/1984		Commenced Business	03/	/01/1985
Statutory Home Office	840 First Str			Washington , DC, US 20	
	(Street and N	lumber)	(City or	Town, State, Country and	d Zip Code)
Main Administrative Office		10455 Mill Ru (Street and N			
	Owings Mills , MD, US 21117		·	410-581-3000-	
(City or	Town, State, Country and Zip	Code)	(A	rea Code) (Telephone Nu	mber)
Mail Address	10455 Mill Run Cir			Owings Mills , MD, US 21	
	(Street and Number or F	O. Box)	(City or	Town, State, Country and	1 Zip Code)
Primary Location of Books and	l Records	10455 Mill R			
	Owings Mills , MD, US 21117	(Sueet and N	idiliber)	410-998-7011	
(City or	Town, State, Country and Zip	Code)	(A	rea Code) (Telephone Nu	imber)
Internet Website Address		www.carefir	st.com		
Statutory Statement Contact	William	Vincent Stack		410-998-7011	
	bill.stack@carefirst.com	(Name)		(Area Code) (Telephor 410-998-6850-	ie Number)
	(E-mail Address)			(FAX Number)	
		OFFICE	RS		
President and Chief	0			Ĭ	. 171
Executive Officer _ Corp. Secretary, Exec. VP	Chester Eme	rson Burrell	Corp. Treasurer & VP	Jeanne	Ann Kennedy
	Meryl Dav	is Burgin	r 2		
		OTHE			
	naney EVP, CFO Technical & Ops Support	Fred Adrian Walton Plu Steven Jon Margolis EVP, Si			um #EVP, Medical Affairs ey EVP, Consumer Direct SBU
	em SVP, General Auditor	Maria Harris Tildon		Rita Ann Costello	SVP, Strategic Marketing
	SVP, Chief Actuary	Michael Bruce Edwards		Medical	aldwin SVP, Patient Centered Home (PCMH)
Jon Paul Shematek SV	VP, Chief Medical Officer	Michelle Judith Wright S	VP, Human Resources	Usha Nakhasi # SV	P, Gen Mgr SBPASC/FEPOC
a .		DIRECTORS OR			
	rson Burrell # lerick Reim	Wendell Lee James Jern		Jack /	Allan Meyer #
State of	Maryland	ss:			
County of	Baltimore				
					he reporting period stated above, pt as herein stated, and that this
					e assets and liabilities and of the ended, and have been completed
in accordance with the NAIC A	Annual Statement Instructions	and Accounting Practices and	Procedures manual except to	the extent that: (1) state	law may differ; or, (2) that state
respectively. Furthermore, the	scope of this attestation by t	he described officers also include	des the related corresponding	g electronic filing with the	ormation, knowledge and belief, NAIC, when required, that is an
to the enclosed statement.	ng differences due to electron	ic filing) of the enclosed stateme	ent. The electronic filing may	be requested by various	regulators in lieu of or in addition
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_ Cla	mell	1 Mexton	<u></u>	Can	ne fermeda
Chester Emerson President and Chief Exe		Meryl Davis Corp. Secretary, Exec.	Burgin		nne Ann Kennedy p. Treasurer & VP
Freshellt and Offiel EX	SOURIVE OFFICER	Corp. Georetary, Exec. V	r & Gen. Courisei	Соп	p. Heasulet a vr
			a. Is this an original filing	12	Yes[X]No[]
Subscribed and swom to befor	re me this	. 2015	b. If no,		4 (1) (14)
day of	- Julian	1 2015	State the amendme Date filed		
Martheun n	1. Kumbe	1	3. Number of pages a		

Kathleen M. Rumbley
NOTARY PUBLIC
Baltimore County, Maryland
My Commission Expires 3/06/1/Le

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

4	0	3	4	-	0	7
Name of Debtor	2 1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	/ Admitted
0199999 Total individuals	2,679,405	1,023,466	658,127	2,845,064	2,845,064	4,360,998
Group Subscribers:	2,070,100	1,020,100		2,010,001	2,010,001	1,000,000
Federal Employee Progrem	28,376,001	109,756	55,733	866,444	0	29,407,935
0299997. Group subscriber subtotal	28,376,001	109,756	55,733	866,444	0	29,407,935
0299998. Premiums due and unpaid not individually listed	37,752,221	6,696,534	611,810	2,205,960	2,205,960	45,060,564
0299999. Total group	66, 128, 222	6,806,290	667,543	3,072,404	2,205,960	74,468,499
0399999. Premiums due and unpaid from Medicare entities	0	0	0	0	0	0
0499999. Premiums due and unpaid from Medicaid entities	0	0	0	0	0	0
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	68,807,627	7,829,756	1,325,670	5,917,468	5,051,024	78,829,497

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	13,115,888	13, 115, 888	0	5,703,587	5,703,587	26,231,776
0199999. Total Pharmaceutical Rebate Receivables	13,115,888	13,115,888	0	5,703,587	5,703,587	26,231,776
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	113,739	74,444	36,078	3,798,243	4,022,504	0
0299999. Total Claim Overpayment Receivables	113,739	74,444	36,078	3,798,243	4,022,504	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	31,474,100	0	0	0	0	31,474,100
0399999. Total Loans and Advances to Providers	31,474,100	0	0	0	0	31,474,100
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	0	0	0
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed	0	0	0	0	0	0
0699999. Total Other Receivables	0	0	0	0	0	0
0799999 Gross health care receivables	44,703,727	13,190,332	36,078	9,501,830	9,726,091	57,705,876

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected the Year		ceivables Accrued 31 of Current Year	5	6
	1	2	3	4		Estimated Health Care
	On Amounts Accrued	On Amounts Accrued	On Amounts Accrued December 31 of	On Amounts Accrued	Receivables in Prior Years	Receivables Accrued as of December 31
Type of Health Care Receivable	Current Year	During the Year	Prior Year	During the Year	(Columns 1 + 3)	of Prior Year
Pharmaceutical rebate receivables	8,274,048	0	0	31,935,363	8,274,048	8,274,048
Claim overpayment receivables	3,991,230	0	0	4,022,504	3,991,230	3,991,230
Loans and advances to providers	30, 150, 400	0	0	31,474,100	30, 150, 400	30, 150, 400
4. Capitation arrangement receivables	0	0	0	0	0	0
Risk sharing receivables	0	0	0	0	0	0
6. Other health care receivables	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	42,415,678	0	0	67,431,967	42,415,678	42,415,678

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpa	aid Claims					
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	C
0299999. Aggregate accounts not individually listed- uncovered	0	0	0	0	0	C
0399999. Aggregate accounts not individually listed-covered	18,803,619	587,065	2,929	832	160	19,394,605
049999. Subtotals	18,803,619	587,065	2,929	832	160	19,394,605
0599999. Unreported claims and other claim reserves			•			163,620,396
0699999. Total amounts withheld						C
0799999. Total claims unpaid						183,015,001
·						
0899999 Accrued medical incentive pool and bonus amounts		•	•	•		

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admi	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Group Hospitalization and Medical Services, Inc.	41,937,890	0	0	0	0	41,937,890	0
0199999. Individually listed receivables	41,937,890	0	0	0	0	41,937,890	0
0299999. Receivables not individually listed	0	0	0	0	0	0	0
0200000 Total green amounts receivable	41 007 000	Λ	^	0	^	41 007 000	^
0399999 Total gross amounts receivable	41,937,890	0	0	0	0	41,937,890	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
CareFiirst of Maryland, Inc	General and Administrative Expenses	1,867,748	1,867,748	0
0199999. Individually listed payables		1,867,748	1,867,748	0
0299999. Payables not individually listed		0	0	0
0399999 Total gross payables		1,867,748	1,867,748	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6 Column 1
	Direct Medical	Column 1	Total	Column 3	Column 1	Expenses Paid to
	Expense	as a %	Members	as a %	Expenses Paid to	Non-Affiliated
Payment Method	Payment	of Total Payments	Covered	of Total Members	Affiliated Providers	Providers
Capitation Payments:						
1. Medical groups	0	0.0	0	0.0	0	0
2. Intermediaries	2,795,174	0.1	324,778	49.1	0	2,795,174
3. All other providers	0	0.0	0	0.0	0	0
4. Total capitation payments	2,795,174	0.1	324,778	49.1	0	2,795,174
Other Payments:						
5. Fee-for-service	13,287,031	0.6	XXX	XXX	0	13,287,031
6. Contractual fee payments	2,075,963,659	99.2	XXX	XXX	0	2,075,963,659
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	2,089,250,690	99.9	XXX	XXX	0	2,089,250,690
13. TOTAL (Line 4 plus Line 12)	2,092,045,864	100%	XXX	XXX	0	2,092,045,864

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
			Average Monthly	Intermediary's Total Adjusted Capital	Intermediary's
			Monthly	Intermediary's	Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	Davis Vision	2,795,174	232,931	0	0
9999999 Totals		2,795,174	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures	<u>-</u>					
Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION	١)	
NAIC Group Code 0380 BUSINES	S IN THE STATE OF					DURING THE YE		NAIC Con	npany Code	96202
	1	Comprehensive (Ho	ospital & Medical)	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	76,096	4,438	71,642	0	8	8	0	0	0	
2. First Quarter	84,833	5,937	78,232	0	339	325	0	0	0	
3. Second Quarter	86,982	7,641	78,711	0	326	304	0	0	0	
4. Third Quarter	85,897	7,764	77,499	0	338	296	0	0	0	
5. Current Year	86,259	7,464	78,183	0	338	274	0	0	0	
6. Current Year Member Months	1,029,842	84,319	937,794	0	4,107	3,622	0	0	0	
Total Member Ambulatory Encounters for Year:										
7 Physician	478,301	33,731	444,570	0	0	0	0	0	0	
8. Non-Physician	258,373	22,413	235,960	0	0	0	0	0	0	
9. Total	736,674	56,144	680,530	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	13,599	1,066	12,533	0	0	0	0	0	0	
11. Number of Inpatient Admissions	3,946	316	3,630	0	0	0	0	0	0	
12. Health Premiums Written (b)	349,873,887	20,563,480	327, 168, 024	0	147,570	1,994,813	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	351,693,887	22,383,480	327, 168, 024	0	147,570	1,994,813	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	262,123,770	20,035,851	240,498,261	0	114,219	1,475,439	0	0	0	
18 Amount Incurred for Provision of Health Care Services	268,595,262	21,007,550	246,072,366	0	114,219	1,401,127	0	0	0	



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION	١)	
NAIC Group Code 0380 BUSINES	S IN THE STATE OF					DURING THE YE		NAIC Com	npany Code	96202
	1	Comprehensive (Ho	ospital & Medical)	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	414,987	28,383	331,428	0	91	98	54,987	0	0	
2. First Quarter	440,506	58,962	324,990	0	125	111	56,318	0	0	
3. Second Quarter	470,003	97,353	316,001	0	134	57	56,458	0	0	
4. Third Quarter	471,047	102,563	311,310	0	167	49	56,958	0	0	
5. Current Year	470,962	105,504	307,606	0	129	26	57,697	0	0	
6. Current Year Member Months	5,515,905	1,029,858	3,802,367	0	2,383	767	680,530	0	0	
Total Member Ambulatory Encounters for Year:										
7 Physician	2,845,467	488,848	1,929,850	0	0	0	426,769	0	0	
8. Non-Physician	1,561,669	266,106	1,060,569	0	0	0	234,994	0	0	
9. Total	4,407,136	754,954	2,990,419	0	0	0	661,763	0	0	
10. Hospital Patient Days Incurred	95,674	17,830	63,085	0	0	0	14,759	0	0	
11. Number of Inpatient Admissions	25,415	4,530	17,338	0	0	0	3,547	0	0	
12. Health Premiums Written (b)	1,988,621,263	241,360,408	1,447,897,520	0	149,802	2,040,262	297,173,271	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,971,264,299	228,420,408	1,447,817,520	0	149,802	2,040,262	292,836,307	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	1,539,255,825	227,806,868	1,049,579,445	0	115,947	1,337,538	260,416,027	0	0	
18 Amount Incurred for Provision of Health Care Services	1,566,235,058	254,961,955	1,046,593,779	0	115,947	1,375,097	263,188,280	0	0	

⁽a) For health business: number of persons insured under PPO managed care products _______9 and number of persons insured under indemnity only products _______129 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _______0



(LOCATION)

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIOI		
NAIC Group Code 0380 BUSINES	S IN THE STATE OF					DURING THE YE		NAIC Con	npany Code	96202
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	78,778	2,925	75,821	0	2	30	0	0	0	
2. First Quarter	89,022	13,344	75,047	0	0	631	0	0	0	
3. Second Quarter	101,914	25,857	75,467	0	2	588	0	0	0	
4. Third Quarter	103,117	26,170	76,401	0	8	538	0	0	0	
5. Current Year	104,815	25,511	78,803	0	6	495	0	0	0	
6. Current Year Member Months	1, 173, 163	254,972	911,426	0	42	6,723	0	0	0	
Total Member Ambulatory Encounters for Year:										
7 Physician	563,695	112,501	451, 194	0	0	0	0	0	0	
8. Non-Physician	261,808	55,794	206,014	0	0	0	0	0	0	
9. Total	825,503	168,295	657,208	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	15,104	3,864	11,240	0	0	0	0	0	0	
11. Number of Inpatient Admissions	4,405	1,049	3,356	0	0	0	0	0	0	
12. Health Premiums Written (b)	376,071,483	66,916,710	307,448,628	0	109,245	1,596,900	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	375,372,382	66,246,710	307,419,527	0	109,245	1,596,900	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	290,666,269	54 , 173 , 259	235, 115, 180	0	84,556	1,293,274	0	0	0	
18 Amount Incurred for Provision of Health Care Services	301,939,430	61,631,855	238,975,643	0	84,556	1,247,376	0	0	0	



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION	١)	
NAIC Group Code 0380 BUSINES	S IN THE STATE OF					DURING THE YE		NAIC Com	pany Code	96202
	1	Comprehensive (Ho	ospital & Medical)	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	569,861	35,746	478,891	0	101	136	54,987	0	0	
2. First Quarter	614,361	78,243	478,269	0	464	1,067	56,318	0	0	
3. Second Quarter	658,899	130,851	470 , 179	0	462	949	56,458	0	0	
4. Third Quarter	660,061	136,497	465,210	0	513	883	56,958	0	0	
5. Current Year	662,036	138,479	464,592	0	473	795	57,697	0	0	
6. Current Year Member Months	7,718,910	1,369,149	5,651,587	0	6,532	11,112	680,530	0	0	
Total Member Ambulatory Encounters for Year:										
7 Physician	3,887,463	635,080	2,825,614	0	0	0	426,769	0	0	
8. Non-Physician	2,081,850	344,313	1,502,543	0	0	0	234,994	0	0	
9. Total	5,969,313	979,393	4,328,157	0	0	0	661,763	0	0	
10. Hospital Patient Days Incurred	124,377	22,760	86,858	0	0	0	14,759	0	0	
11. Number of Inpatient Admissions	33,766	5,895	24,324	0	0	0	3,547	0	0	
12. Health Premiums Written (b)	2,714,566,633	328,840,598	2,082,514,172	0	406,617	5,631,975	297, 173, 271	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	2,698,330,568	317,050,598	2,082,405,071	0	406,617	5,631,975	292,836,307	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	2,092,045,864	302,015,978	1,525,192,886	0	314,722	4, 106, 251	260,416,027	0	0	
18 Amount Incurred for Provision of Health Care Services	2,136,769,750	337,601,360	1,531,641,788	0	314,722	4,023,600	263, 188, 280	0	0	

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
								Reserve Liability			
NAIC					Type of			Other Than for	Reinsurance Payable	Modified	
Company	ID	Effective		Domiciliary			Unearned	Unearned	on Paid and	Coinsurance	Funds Withheld
Code	Number	Date	Name of Reinsured	Jurisdiction	Assumed	Premiums	Premiums	Premiums	Unpaid Losses	Reserve	Under Coinsurance
13130	52-1840919		The Dental Network, Inc.	MD	QA/A/G	4,149,484	0		495,236	0	0
0299999. U.						4,149,484	0	C	495,236	0	0
0399999. To						4,149,484	0	0	495,236	0	0
0699999. To					·	0	0	C	0	0	0
0799999. To						4,149,484	0	0	495,236	0	0
1099999. To	tal - Non-Affi	liates				0	0	0	0	0	0
1199999. To	otal U.S. (Sur	n of 0399999 a	and 0899999)			4,149,484	0	0	495,236	0	0
1299999. To	tal Non-U.S.	(Sum of 06999	999 and 0999999)			0	0	C	0	0	0
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		-		-							
				-							
				-							
9999999 - T	otals	7		-	1	4,149,484	0	C	495,236	0	0

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year NAIC Effective Domiciliary Company Name of Company Unpaid Losses Paid Losses Code Number Date Jurisdiction 0399999. Total Life and Annuity - U.S. Affiliates 0 0 0699999. Total Life and Annuity - Non-U.S. Affiliates 0 0799999. Total Life and Annuity - Affiliates 1099999. Total Life and Annuity - Non-Affiliates 0 0 0 1199999. Total Life and Annuity 0 1499999. Total Accident and Health - U.S. Affiliates 1799999. Total Accident and Health - Non-U.S. Affiliates
189999. Total Accident and Health - Affiliates
189999. Total Accident and Health - Affiliates
199999. Accident and Health - U.S. Non-Affiliates 0 0 4,619,677 0 31,259,212 . DC 4,619,677 2199999. Total Accident and Health - Non-Affiliates 31.259,212 4 619 677 31,259,212 2299999. Total Accident and Health 2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 20999999) 31,259,212 4,619,677

9999999 Totals - Life, Annuity and Accident and Health

31,259,212

4,619,677

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

	1	1	Reinsulance Cec				sted by Reinsuring Co	mpany as or Decer					1
1	2	3	4	5	6	7	8	9	10	Outstanding St		13	14
				Domi-					Reserve Credit	11	12		
NAIC				ciliary		Type of		Unearned	Taken Other			Modified	Funds Withheld
Company		Effective		Juris-	_	Business		Premiums	than for Unearned			Coinsurance	Under
Code	Number	Date	Name of Company	diction	Type	Ceded	Premiums	(Estimated)	Premiums	Current Year	Prior Year	Reserve	Coinsurance
53007	53-0078070 .		Group Hospitalization and Medical Services, Inc.	DC	LRSL/A/G	CMM	12,500	0	0		0	0	0
			CareFirst of Maryland, Inc.	MD	LRSL/A/G	CMM	12,500	0	0	0	0	0	0
			zed U.S. Affiliates - Other				25,000	0	0	0	0	0	0
			uthorized U.S. Affiliates				25,000	0	0	0	0	0	0
			uthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
			uthorized Affiliates				25,000	0	0	0	0	0	0
				DC	OTH/A/I	CMM	4,241,277	0	0	0	0	0	0
			zed U.S. Non-Affiliates				4,241,277	0	0	0	0	0	0
			uthorized Non-Affiliates				4,241,277	0	0	0	0	0	0
		al Account Au					4,266,277	0	0	0	0	0	0
			nauthorized U.S. Affiliates				0	0	0	0	0	0	0
1799999.	Total Genera	al Account - U	nauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
1899999.	Total Genera	al Account - U	nauthorized Affiliates				0	0	0	0	0	0	0
			nauthorized Non-Affiliates				0	0	0	0	0	0	0
		al Account Un					0	0	0	0	0	0	0
2599999.	Total Genera	al Account - C	ertified U.S. Affiliates				0	0	0	0	0	0	0
2899999.	Total Genera	al Account - C	ertified Non-U.S. Affiliates				0	0	0	0	0	0	0
2999999.	Total Genera	al Account - C	ertified Affiliates				0	0	0	0	0	0	0
3299999.	Total Genera	al Account - C	ertified Non-Affiliates				0	0	0	0	0	0	0
3399999.	Total Genera	al Account Ce	rtified				0	0	0	0	0	0	0
3499999.	Total Genera	al Account Au	thorized, Unauthorized and Certified				4,266,277	0	0	0	0	0	0
3799999.	Total Separa	te Accounts -	Authorized U.S. Affiliates				0	0	0	0	0	0	0
4099999.	Total Separa	te Accounts -	Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
4199999.	Total Separa	te Accounts -	Authorized Affiliates				0	0	0	0	0	0	0
4499999.	Total Separa	te Accounts -	Authorized Non-Affiliates				0	0	0	0	0	0	0
4599999.	Total Separa	te Accounts A	Authorized				0	0	0	0	0	0	0
4899999.	Total Separa	te Accounts -	Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
5199999.	Total Separa	te Accounts -	Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
5299999.	Total Separa	te Accounts -	Unauthorized Affiliates				0	0	0	0	0	0	0
5599999.	Total Separa	te Accounts -	Unauthorized Non-Affiliates				0	0	0	0	0	0	0
5699999.	Total Separa	te Accounts U	Jnauthorized				0	0	0	0	0	0	0
5999999.	Total Separa	te Accounts -	Certified U.S. Affiliates				0	0	0	0	0	0	0
			Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
			Certified Affiliates				0	0	0	0	0	0	0
			Certified Non-Affiliates				0	0	0	0	0	0	0
		te Accounts (0	0	0	0	0	0	0
			Authorized, Unauthorized and Certified				0	0	0	0	0	0	0
			99, 0899999, 1499999, 19999999, 2599999, 3099999, 3799999, 429	99999 489	9999, 539999	99, 5999999 and			•				Ů
5555500.	6499999)	5. 55566	, 1111111, 1110000, 1000000, 1200000, 0100000, 120	, .00		,	4,266,277	0	0	0	0	0	0
7099999		S. (Sum of 06	399999, 0999999, 1799999, 2099999, 2899999, 3199999, 409999	9. 4399999	. 5199999 54	199999, 6299999	.,==-,=,	•					, and the second
	and 659999			.,	,	,	0	0	0	0	0	0	0
9999999 -		-,					4.266.277	0	0	0	0	0	0
000000	. 310.0						.,200,277	•		•			

Schedule S - Part 4 NONE

Schedule S - Part 4 - Bank Footnote NONE

Schedule S - Part 5 NONE

Schedule S - Part 5 - Bank Footnote NONE

SCHEDULE S - PART 6 Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	Five Year I	Exhibit of Reinsural	nce Ceded Busines	s (000 Omitted)	4	5
		2014	2013	2012	2011	2010
	A. OPERATIONS ITEMS					
1.	Premiums	4,266	25	25	25	25
2.	Title XVIII - Medicare	0	0	0	0	0
3.	Title XIX - Medicaid	0	0	0	0	0
4.	Commissions and reinsurance expense allowance	0	0	0	0	0
5.	Total hospital and medical expenses	35,879	0	0	0	0
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable	0	0	0	0	0
7.	Claims payable	4,620	0	0	0	0
8.	Reinsurance recoverable on paid losses	31,259	0	0	0	0
9.	Experience rating refunds due or unpaid	0	0	0	0	0
10.	Commissions and reinsurance expense allowances due	0	0	0	0	0
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with Certified Reinsurers			0		
12.	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)				~~~	~~~
13.	Funds deposited by and withheld from (F)	0	0	0	0	0
14.	Letters of credit (L)	0	0	0	0	0
15.	Trust agreements (T)	0	0	0	0	0
16.	Other (O)	0	0	0	0	0
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust	0	0	0	xxx	xxx
18.	Funds deposited by and withheld from (F)	0	0	0	xxx	xxx
19.	Letters of credit (L)	0	0	0	xxx	xxx
20.	Trust agreements (T)	0	0	0	xxx	xxx
21.	Other (O)	0	0	0	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	881,834,115	0	881,834,115
2.	Accident and health premiums due and unpaid (Line 15)	78,829,497	0	78,829,497
3.	Amounts recoverable from reinsurers (Line 16.1)	31,259,212	(31,259,212)	0
4.	Net credit for ceded reinsurance	xxx	35,878,889	35,878,889
5.	All other admitted assets (Balance)	160,389,682	0	160,389,682
6.	Total assets (Line 28)	1,152,312,506	4,619,677	1,156,932,183
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	178,395,323	4,619,677	183,015,000
8.	Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9.	Premiums received in advance (Line 8)	68,651,229	0	68,651,229
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14.	All other liabilities (Balance)	148,215,625	0	148,215,625
15.	Total liabilities (Line 24)	395,262,177	4,619,677	399,881,854
16.	Total capital and surplus (Line 33)	757,050,329	XXX	757,050,329
17.	Total liabilities, capital and surplus (Line 34)	1,152,312,506	4,619,677	1,156,932,183
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	4,619,677		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	31,259,212		
22.	Other ceded reinsurance recoverables	. 0		
23.	Total ceded reinsurance recoverables	35,878,889		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	. 0		
30.	Total ceded reinsurance payables/offsets	. 0		
31.	Total net credit for ceded reinsurance	35,878,889		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories Direct Business Only 5 2 3 6 Disability Income Long-Term Care Annuities Life (Group and Individual) (Group and (Group and (Group and Deposit-Type States, Etc. Individual) Individual) Individual) Contracts Totals 1. Alabama 3. 4. AR 5. California CA 6 Colorado CO Connecticut CT 7. 8. _____DE Delaware 9. District of Columbia DC 10. Florida FL 11. Georgia GA Hawaii HI 13.ID Illinois 14.IL Indiana 15IN 16. lowaIA 17. Kansas KS 18. Kentucky KY 19. Louisiana LA 20. Maine ME 21. MD Maryland 22. Massachusetts MA 23. Michigan MI 24. Minnesota MN 25. Mississippi MS 26. Missouri MO MT 27. Montana 28. Nebraska 29. Nevada 30. New Hampshire 31. New Jersey 32. New Mexico NM 33. New York NY 34. North Carolina NC ND 35. North Dakota 36. Ohio OH 37. Oklahoma OKOR 38. Oregon 39. Pennsylvania 40. RI 41. South Carolina SC 42 South Dakota SD 43 Tennessee TN 44 Texas TX Utah UT 45. 46. 47. VirginiaVA 48. Washington WA 49. West Virginia WV 50. Wisconsin WI 51. Wyoming WY 52. American Samoa AS 53 Guam GU PR 54. Puerto Rico 55. U.S. Virgin IslandsVI 56. Northern Mariana Islands MP 57. Canada CAN Aggregate Other Alien OT 58.

59.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

				. / \.			OI INCONAINCE	`	<u> </u>	10 001111 7 1111	<u> </u>			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
											Type	lf		
											of Control	Control		
											(Ownership,	is		
						Name of Securities			Relation-		Board.	Owner-		
						Exchange		Domi-	ship		Management,	ship		
		NAIC				if Publicly Traded	Names of	ciliary			Attorney-in-Fact,	Provide		
Group		Company	ID	Federal		(U.S. or	Parent. Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence.	Percen-	Ultimate Controlling	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	*
	Carefirst Inc Group	47021	52-2069215	NOOD	Oil	international	CareFirst Inc.	MD	I A	(Name of Entity/1 croon)	Other)		CareFirst, Inc.	+
0000	Careffist file droup	4/02/	. 32-2009213				Group Hospitalization and Medical	INID	I <i>T</i>				Careriist, IIIc.	
0200	Carefirst Inc Group	53007	53-0078070				Services, Inc.	DC	1.4	CareFirst, Inc.	Board of Directors	0.000	CareFirst, Inc.	
	Carefirst Inc Group	47058	52-1385894				CareFirst of Maryland, Inc.	DC		CareFirst, Inc.	Board of Directors		CareFirst, Inc.	
	careffist inc group	47036	. 32-1303094				Service Benefit Plan Administrative	ND	I M	Group Hospitalization and Medical	Board of Directors	0.000	Carerist, Inc.	
		00000	00 4007007					DE	NIA	Services, Inc.	Ownership.	00.000	0	
			20-1907367				Services Corporation	DE					CareFirst, Inc.	
		00000	27-4297513				CareFirst Holdings, LLC		UDP	CareFirst, Inc.	Board of Directors	0.000	CareFirst, Inc.	
		00000	52-1724358				Capital Area Services Company, LLC			CareFirst Holdings, LLC	Ownership		CareFirst, Inc.	
0380	Carefirst Inc Group	96202	52-1358219				CareFirst BlueChoice, Inc.	DC		CareFirst Holdings, LLC	Ownership	100.000	CareFirst, Inc.	
		00000	52-1187907				CFA, LLC	MD		CareFirst Holdings, LLC	Ownership	100.000	CareFirst, Inc.	
0380	Carefirst Inc Group	60113	52-1962376				First Care, Inc.	MD		CareFirst Holdings, LLC	Ownership	100.000	CareFirst, Inc	
		00000	. 52-1118153				National Capital Insurance Agency, LLC			CareFirst Holdings, LLC	Ownership		CareFirst, Inc	
		00000	52-2362725				CapitalCare, Inc.	VA		CareFirst BlueChoice, Inc.	Ownership		CareFirst, Inc.	
0380	Carefirst Inc Group	13130	. 52-1840919				The Dental Network, Inc.	MD	DS	CareFirst BlueChoice, Inc.	Ownership		CareFirst, Inc.	
		1	1	1		1							i	

Asterisk	Explanation
	N/A

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

NAIC Company ID Names of Insurers and Parent, Code Number Subsidiaries or Affiliates Dividends Contributions Contributions			1 7111 4	- 20 IAIIAI W			IIIAIIOAC	TIONS W		~ı ı ı —			
NAIC NAIC Company Code Number Code Number Sample	1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company ID Names of Insurers and Parent, Code Number Subsidiaries or Affiliates Contributions Contributions Code Number Service Contractive Services Corp. O O O O O O O O O							Income/						
NAIC Company Names of Insurers and Parent, Conder Company Number Code Code Number Code Code Number Code C							(Disbursements)						
NAIC NAIC Company Number Shareholder Company Code Number Shareholder Contributions Names of Insurers and Parent, Subsidiaries or Affiliates Shareholder Dividends Capital Contributions Capital Capital Contributions Capital Capital Capital Contributions Capital Capita						Purchases, Sales							Reinsurance
NAIC Company Code Number Names of Insurers and Parent, Code Number Shareholder Company Code Number Subsidiaries or Affiliates Shareholder Dividends Capital Contributions Capital									Income/		Any Other Material		Recoverable/
NAIC Company Code Number Subsidiaries or Affiliates Shareholder Company Code Number Subsidiaries or Affiliates Shareholder Dividends Capital Contributions C													(Payable) on
Company Code Number Subsidiaries or Affiliates Shareholder Contributions Contributio	NAIC							Management					Losses and/or
Code Number Subsidiaries or Affiliates Dividends Contributions Other Investments Affiliate(s) Service Contracts Agreements * Business Totals Taken/(L .53007 53-0078070 Group Hospital & Medical Services, Inc. .0 .		ID	Names of Insurers and Parent	Shareholder	Canital								Reserve Credit
53007 53-0078070 Group Hospital & Medical Services, Inc. 0 0 0 0 0 0 (8,284,028) 0 0 0 (8,284,028) 0 47058 52-1385894 CareFirst of Maryland, Inc. 0 0 0 0 0 0 0 368,021,234 0 0 0 368,021,234 0 0 368,021,234 0 0 368,021,234 0 0 368,021,234 0 0 368,021,234 0 0 368,021,234 0 0 368,021,234 0 0 368,021,234 0 0 368,021,234 0 0 368,021,234 0 0 368,021,234 0 0 0 0 0 0 0 0 0										*		Totals	Taken/(Liability)
A7058 52-1385894 CareFirst of Maryland, Inc. 0 0 0 0 368,021,234 0 0 368,021,234 (1 00000 20-1907367 Service Benefit Plan Administrative Services Corp. 0 0 0 0 0 0 0 0 0				n Dividende	0	0	0		n (greemente		n Duomicoo		6,597,901
Control Cont				n l		n	0		0		ο Λ		(10.949.883)
Services Corp. 0 0 0 0 (37,386,040) 0 0 (37,386,040) 0 0 (37,386,040) 0 0 (37,386,040) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0												000,021,204	(10,040,000)
60113 52-1962376 First Care, Inc. 0 0 0 0 0 0 0 0 0	00000	20-1907307		0	0	0	<u></u>	(27 206 040)	0		0	(27 296 040)	۸
00000 52-1187907 CFA, LLC 0 0 0 (26,012,268) 0 0 0 (26,012,268) 0 0 0 (26,012,268) 0 0 0 (26,012,268) 0 0 0 0 0 0 0 0 0	60112	E0 1060076	Eirot Coro Ino			0	0 n	(37,300,040)				(37,300,040)	4,351,982
				ا ا		0	0	(26.042.260)			†0		4,301,902
9620252-1358219CareFirst BlueChoice, Inc000000000000000000000			Comital Area Carrier Correction	ـــــــــــــــــــــــــــــــــــــ		0	0				10		
				<u>0</u> -	0	0	0		0		†0		U
13130 52-1840919 The Dental Network 0 0 0 0 0 0 0 0 0				0	0	0	0	(337,385,633)	0		0	(337,385,633)	(495,236)
	13130	52-1840919	The Dental Network	0	0	0	0	0	0		<u> </u>	0	495,236
		1											
9999999 Control Totals 0 0 0 0 0 XXX 0 0	9999999 Con	ntrol Totals		0	0	0	0	0	0	XXX	0	0	0

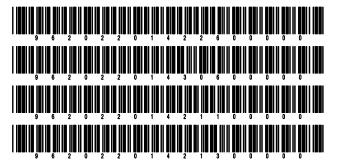
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		-	Responses	_
	MARCH FILING			
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by		SEE EXPLANATION	
2. 3.	Will an actuarial opinion be filed by March 1?		YES	
3. 4.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1		YES YES	
	Will the defined real section of defined report to mod with the deate of defined,	, ii roquirou, by maron 1	ILO	
	APRIL FILING			
5.	Will Management's Discussion and Analysis be filed by April 1?		YES	
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?		YES	
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?		YES	
	HINE ELLING			
8.	JUNE FILING Will an audited financial report be filed by June 1?		YES	
o. 9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and el		YES	
٠.	Will 7 looks that the Catalog of Qualifications be filed with the state of definition and of	iodioniodily with the twite by ourie 1.	ILO	
	AUGUST FILING			
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with	ith the state of domicile by August 1?	YES	
	The following supplemental reports are required to be filed as part of your annual	al statement filing. However, in the event that your company do	es not transact the type of	of
	business for which the special report must be filed, your response of NO to the			
	be printed below. If the supplement is required of your company but is not being	filed for whatever reason enter SEE EXPLANATION and provide	e an explanation followin	g
	the interrogatory questions. MARCH FILING			
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the stat	te of domicile and the NAIC by March 1?	NO	
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile ar		NO	
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state		NO	
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of	of domicile by March 1?	SEE EXPLANATION	
15.	Will the actuarial opinion on participating and non-participating policies as require	ed in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement	NO	
16.	be filed with the state of domicile and electronically with the NAIC by March 1? Will the actuarial opinion on non-quaranteed elements as required in Interrogator	ny 3 to Exhibit 5 to Life Supplement he filed with the state of	NU	
ΙΟ.	domicile and electronically with the NAIC by March 1?		NO	
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile	e and the NAIC by March 1?	NO	
18.	Will an approval from the reporting entity's state of domicile for relief related to the		NO	
19.	electronically with the NAIC by March 1?		NO	
ι θ.	electronically with the NAIC by March 1?		NO	
20.	Will an approval from the reporting entity's state of domicile for relief related to th	ne Requirements for Audit Committees be filed electronically		
	with the NAIC by March 1?		NO	
21.	APRIL FILING Will the Long-Term Care Experience Reporting Forms be filed with the state of domicil	le and the NAIC by April 12	NO	
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and		NO NO	
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 to		NO	
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state		YES	
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense		\/ = 0	
	NAIC by April 1?AUGUST FILING		YES	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed w		YES	
-0.	Explanations:	The did did of dominion by Adgust 1.	ILO	
1.	An extension was granted by the state of domicile to file on 4/15/2015.			
11.				
12.				
13.				
14.	Not applicable. Company does not have 100 or more stockholders.			
15. 16.				
17.				
18.				
19.				
20.				
21. 22.				
23.				
	Bar Codes:			
11.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	-		
		- 1 1881 18 JULIE JULIE JURII JERII SARII JIR 10 JURII JURII ALI II JURII 1880 II JURI RAJII 1881 II 1881 II 1		
	115 0 1 150 111 115 005	9 6 2 0 2 2 0 1 4 3 6 0 0 0	0 0 0	
12.	Life Supplement [Document Identifier 205]			
	D			
13.	Property/Casualty Supplement [Document Identifier 207]			
15.	Participating Opinion for Exhibit 5 [Document Identifier 371]		 	
13.	Facility acting Opinion for Exhibit 3 [Document Identifier 37 1]			
16.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]			
	2 22. a. 1. c. 2 2. mont o [Dood north too hundred of o]	-		
17.	Medicare Part D Coverage Supplement [Document Identifier 365]			
-				
18.	Relief from the five-year rotation requirement for lead audit partner [Document			
	Identifier 224]	-		
		9 6 2 0 2 2 0 1 4 2 2 4 0 0		
19.	Relief from the one-year cooling off period for independent CPA			
	[Document Identifier 225]			

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 20. Relief from the Requirements for Audit Committees [Document Identifier 226]
- 21. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 22. Life Supplement [Document Identifier 211]
- 23. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]



ALPHABETICAL INDEX

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